ALL NATIONS

SHALL SERVE

HIM

NOV.-DEC. 1955

MEDICAL MISSIONARY

THE MEDICAL MISSIONARY

Published by the
MEDICAL MISSION SISTERS
Society of Catholic Medical Missionaries, Inc.
8400 Pine Road, Philadelphia 11, Pa.

Sr. M. Angelica, Editor; Sr. M. Lawrence, Art Editor; Sr. M. Cabrini, Business Mgr.

Vol. XXIX November-December, 1955 No. 6

Contents

129	MAN OF MIGHT	Sr. M. Richard, S.C.M.M.
131	PAKISTAN'S CAPITAL CITY	Sr. M. Joanna, S.C.M.M.
133	BLOOD BANK IN KARACHI	Sr. M. John, M.T.
135	MIDWIFERY SCHOOL	Sr. M. Roberta, R.N.
137	BIRTHDAY GARLAND	Sr. M. Martin, R.N.
138	FLOODS IN PAKISTAN	Sr. M. Kateri, R.N.
140	CHITS FROM OUR MISSIONS	
148	MEDICAL MISSION WORLD	
150	NEW MIRACLE	Sr. M. Raphael, B.S. Pharm.

Photo credits: page 131—*Pakistan Embassy*
134, 140, 149 (*top*)—*John Primi*
148—*Leonard Wood Foundation*
149—*WORLD Health Org.*

THE MEDICAL MISSIONARY is published bi-monthly with ecclesiastical approbation by the Society of Catholic Medical Missionaries. Subscriptions $1.50 per year; 3 years $4.00; 5 years $6.00; foreign $1.75 per yr.; 4 yrs. $6.00. Entered as 2nd class matter Sept. 11, 1928 at the Post Office of Phila., Pa., under the Act of March 3, 1879. Tel. PIlgrim 5-6022.

Man of Might

Sr. M. Richard, S. C. M. M.

PREVIOUS issues of the MEDICAL MISSIONARY have brought before our readers the saints associated with our medical work as for example, Sts. Cosmas and Damian, patrons of physicians, and St. Camillus, patron of nurses. The saint we have chosen this month is connected with the basic principles of our missionary apostolate. He also embodies the spirit of this Advent season with its prayers boldly, almost impatiently spoken, "Lord, stir up Thy power and come. Do not delay, King of the Universe, the desired of Nations."

John the Baptist "came for a witness to give testimony of the Light that all men might believe." He went before the Lord to prepare His way. The Precursor did not preach the Gospel, Peter and Paul would come after him to do that. John's was the task of preparing, arousing interest, softening men's hearts, making their souls ready to receive Christ and His doctrine. John, that "flame of a man" was on earth to light the way for the "One who was to come." His mission was begun even before his birth when he bore testimony to Christ's presence by a leap of joy in his mother's womb. He introduced the chosen people to their Messiah and he continues to announce the approach of the Savior each day in the Mass when his words "Ecce Agnus Dei" (Behold the Lamb of God) are spoken, as the Priest prepares to bring Christ to the lips of the communicants. John is always the "Herald," always making way for the coming of the Lord. This is his one task, the purpose of his life.

John the Baptist pointed out Christ with his finger and with the words: "Ecce Agnus Dei." Medical Missionaries point out Christ by the activity in which they are engaged, the care of the sick. Precursors in the mission fields, they speak no words but their actions must say: "Here is Christ . . . Here is His love and mercy and compassion. Experience it. Learn of

Him from the works of our hands." In many countries, a man's visit to the mission hospital is often his first contact with Christianity.

The missionary Sister bending over her non-Christian patient introduces him to the God she serves. As she moves from bed to bed caring for all regardless of caste or creed, her actions, her life point to the Messiah as surely as did John the Baptist by the side of the Jordan River. Without uttering a word, the Medical Missionary can bring some understanding of Christ to the hearts of her patients.

The Medical Mission Sister is in the missions to assist mothers at childbirth, to nurse, to perform operations, to care for the sick no matter what the disease or condition. She is there to live "the brotherhood of man, the Fatherhood of God." She is there to enunciate Mercy, to speak it by the labor of Love she carries on among the sick and poor. Hers is a work of Charity for its own sake and her purpose is to act in obedience to Christ's command . . . "Love your neighbor" . . "do unto them as you would do unto Me."

When John the Baptist wished to have the proof that Christ was the Messiah, He sent His disciples to ask the Nazarene: "Art Thou he that is to come or shall we look for another?" And the answer? "Go and relate to John what you have seen and heard, the blind see, the lame walk, the lepers are cleansed, the deaf hear, the dead rise again."

Care of the sick proved the presence of Christ then as it does now, and compassion for suffering is ever recognized as a mark of the authenticity of Christianity.

Until the day when Christ will have come in His Fullness to fill the world with Light, missionaries will continue to offer proof of God's love by caring for the sick. When "Advent" is no more then John the Baptist "that man of might and forerunner of the Lord" will have accomplished his task and the Advent prayer which is always in the missionary's heart will be perfectly fulfilled. STIR UP THY POWER, WE BESEECH THEE, O LORD, AND COME!

May They Rest In Peace

Please pray for our recently deceased benefactors and friends:

Johannes, Cardinal, De Jong, Utrecht, Holland
Theodore, Cardinal, Innitzer, Vienna, Austria
Rt. Rev. Dom Gerard McGinley, O.C.S.O., Piffard, New York
Msgr. William E. Kelly, Wash., D. C.
Rev. C. J. Corkery, Chicago, Ill.
Rev. Wm. J. Fogarty, Phila., Pa.
Rev. Cornelius Lally, Des Moines, Iowa
Rev. Michael V. Reing, Reading, Pa.
Mother Mary Joseph, Maryknoll, N. Y.
Sr. M. Clement, F.SS.S., Cleveland, Ohio
Mrs. Thomas B. Bourne, Millington, Md.
Mr. James B. Boyle, Baltimore, Md.
Mr. Laurence Boyle, Phila., Pa.
Mrs. Oscar Carlson, Cheboygan, Mich.
Dr. Francis J. Conahan, Bethlehem, Pa. (Father of Sr. M. James, S.C.M.M.)
Mr. William J. Daly, Phila., Pa.
Mrs. L. H. Doussan, New Orleans, La.
Mr. Odelon Girard, Windsor, Ontario
Mrs. Fritz Glogauer, Cincinnati, Ohio
Mrs. Helen Grady, Woodhaven, N. Y.
Mr. Edward Guth, Phila., Pa. (Men of Medical Missions)
Mr. George Jeffreys, Jersey City, N. J.
Mr. Heinrich Ludwig, Tirol, Austria
Mrs. Mary Lynett, Chicago, Illinois
Mrs. Mary McCanna, Chicago, Ill.
Mrs. D. Otero-Burg, Alberquerque, N. M.
Mr. John Popadis, Lakewood, Ohio
Mrs. Joseph Shawryn, Phila., Pa.
Miss Carola Sommer, Phila., Pa.

American Embassy Building, Karachi, West Pakistan.

Pakistan's Capital City

When the "muezzin' (call to prayer) summons more than a million faithful to the mosques at sunset, a busy day ends in one of the most crowded, ever changing and promising cities of the East: KARACHI. Sighted from the air as an oasis of swaying palms, cluttered houses and heavy traffic at the edge of the Sind desert, Pakistan's capital city mirrors a 20 mile skyline in the Arabian Sea.

From a small village to a booming metropolis almost overnight — this, in a nutshell, is the story of Karachi. To Americans during this last war, the port was known as an entry of supplies for the armed forces stationed in India. To Westerners and Asians, it was considered as the aerial gateway of the Far East, an important seaport and an outlet of trade for Sind, Punjab and Afghanistan. But, on August 14, 1947, it made history. On that day, Pakistan, the most populous Muslim country and the world's seventh nation in number of inhabitants (76 million), was inaugurated. Karachi was chosen as the capital city.

Historically, Karachi has no claim to antiquity. In 1729, the fishing village was invaded by traders and created a town called Kalachi, meaning "the land of sand-dunes." The word Kalachi was changed, in time, to Karachi although the sand-dunes still remain. The British rulers of India captured the port in 1839, developed the harbor, built roads and a strong military cantonment.

Partition, with 5½ million Hindus and Sikhs streaming out of West Pakistan in 1947, and 6½ million Muslims pouring in from India, brought chaos to the city. Overnight the population tripled although countless people were killed in riots, and some properties destroyed by fire or looting. Pakistani officials of the new government found themselves in bare buildings, working and living with an entire family in one room or a hastily erected hut. There were no files, no desks, no paper. One can imagine the state of confusion. In spite of all, a terrific boom was

Karachi, on the edge of Sindh desert, is the city of Camels. Sr. M. Clare holds the reins.

to follow. In eight years, the city has grown from 300,000 to 1,500,000 people, and an influx of 2,000 immigrants keeps streaming in every month. New buildings are going up by the hundreds; colonies, housing 10,000 families each, are being erected by the government. But demand still exceeds supply. Two or three families crowded in a three room dwelling, is the average home situation. Refugees are everywhere. Their hut pitched on the sidewalk or clinging to someone's private residence, they eke out a miserable existence. As yet, nearly 100,000 unsettled refugees circle the city on acres of mud. Karachi's major problems are housing, water and sanitation. When it rains, be it only one inch, the city is flooded and the catastrophe makes headlines in the local newspapers. Light and water facilities are strained to the breaking point. Streets are jammed, disease rampant, prices high. Ranked as second highest in the world in cost of living, the city is paying the price for the country's development.

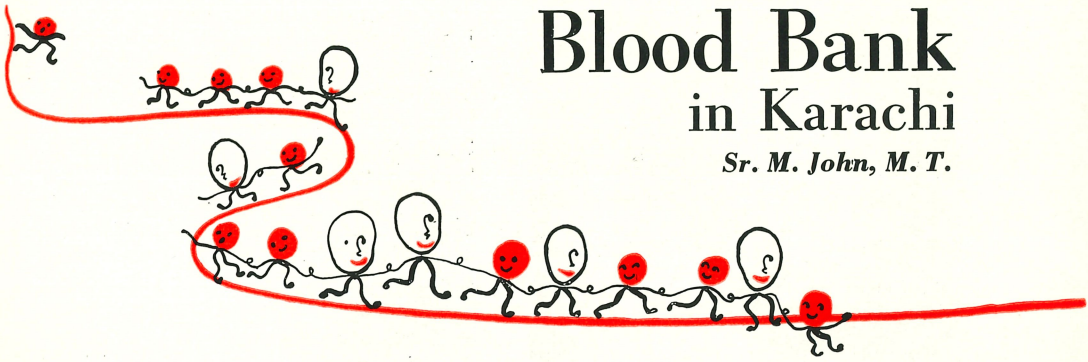
However, the first impression of Karachi is overwhelming. One gets dizzy at so many people of all shades, so many animals of all kinds, so many vehicles from camel carts to modern cars. Like all Oriental cities, the scene is rich in contrasts of old and new, colors, languages, odors, costumes, etc. The polyglot groups of the country are depicted through a variety of clothes: tiny mirrors embroidered to blouses of Sindhis, silk saris draped on ladies, butterfly peaks on turbans of Pathans, flowing shirts on Punjabi men, pointed shoes and red fez on Moslems. This would make a successful Fifth Avenue Fashion parade!

Nationalities and creeds abound here. The Christian community numbering 20,000 Catholics, is made up of Goans, Anglo-Indians, domiciled British and a transient foreign population of Embassy delegates and business men.

Barbers cut hair on the pavement, dentists exhibit rows of golden or actual pulled teeth on the curb, while hawkers balance trayfuls of wares on their shoulders. What a feast for the eyes of newcomers who through the medium of English, can make themselves understood even if the average man on the street speaks Urdu. And above this hubbub of activities in a climate that is hot and damp, emerges the fragrance of spices, perfumed drinks, curried vegetables and chappaties (wheat bread) that are typical of the East.

Against this background, stands Holy Family Hospital. Located on six acres of land, a five minute's walk from the American Embassy, the hospital now has a capacity of 60 beds but is pressing very hard to enlarge to the 120 beds needed.

Sr. M. Joanna, S.C.M.M.



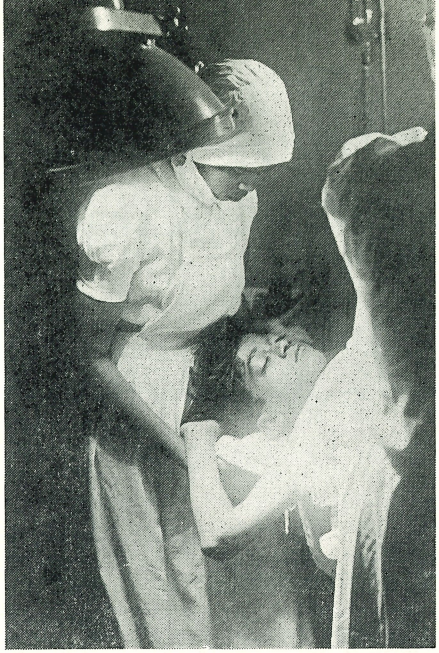
Blood Bank in Karachi

Sr. M. John, M. T.

A BLOOD bank is not the usual supplement to a hospital in Pakistan or India. There are several reasons behind all this; the chief one being the lack of knowledge among the public in this field And this accounts for the vital reason . . . a lack of volunteer donors which is essential to keep such a department in operation. Another big factor is the lack of personnel trained in the operating technique and in the organization of such a field. Then there is the general set-up of the institutions themselves. To the general public the term 'hospital' is used to designate an institution giving free medical care and hence, apart from Christian hospitals which are 100% in the hands of foreigners, there are only two categories of hospitals . . . Military Hospitals, owned and operated by the military which care for their own personnel; and Civil Hospitals which are owned by the government and are operated under the supervision of a civil surgeon giving free medicines and medical care to the poor. Except for the inadequacy of it all, it sounds very good. For those who really want medical care and can pay for it, there are many 'Nursing Homes' which are privately owned and operated by a single doctor or a few doctors in corporation. These nursing homes are very small usually — 50 beds being a large establishment . . . the average between 10 and 20 beds . . . and the rates are much too expensive for the average person.

Almost all the military hospitals have a blood bank department, for the most part, well organized, and well run according to standards of these countries. The blood is supplied by volunteer donors among military personnel. In civil hospitals this department is still very much in its infancy. Most are making beginnings but lack of organization, lack of trained personnel and again, a continuous source of the vital element 'blood' are all big problems. As for the nursing homes, laboratory facilities are almost completely lacking and a blood bank is definitely still a thing of the future. A patient needing a blood transfusion is taken care of by an outsider operating a private laboratory who assumes full responsibility of typing the patient, cross matching with the donor, taking the blood from the donor, and giving it to the patient . . . all for a tidy sum . . . the whole procedure definitely apart from the Nursing Home routine.

In our Society, Holy Family Hospital in Karachi was the first to have its own blood bank. The hos-



A blood transfusion saved this boy's life.

pital being only two-fifths completed has only sixty beds which are used for obstetrical and women's diseases. We have a large antenatal and postnatal clinic six mornings a week. Of the antenatal patients, most of whom are from Pakistan's middle and upper classes, ten percent have a hemoglobin of less than 40%! In such cases a blood transfusion is desirable and with a blood bank it is possible without being a luxury. We were able to start our blood bank with the cooperation of an English Colonel, Colonel Waring, who has charge of a large workshop affiliated with Pakistan's Military Forces. He solicited volunteer donors from among his workers for our first four pints of blood, and has been sending from one to four donors weekly to keep our reserve at a constant level. We are deeply indebted to him and his men for this service. As everywhere else, a patient is expected to replace, from relatives or friends, any blood used.

On the whole, this business of 'giving blood' is still very new to the majority and most are afraid of it all. Many times it takes a great deal of persuasive talking to have a wife admitted for a blood transfusion. As a rule we don't take blood from women as they are usually physically unfit to give blood. The educated men readily give their blood; the uneducated are afraid. To them a half a pint of blood is an "awful" lot of blood and to their conception . . . more than they have in their body. They immediately become too weak or have to consult their doctor; some refuse outright. The solution is, to talk to them kindly and patiently, and if they consent, take the blood from them then and there. To let them go to think it over, or to consult their doctor, is fatal. They will not return. Those who give their blood are usually surprised when it is all over that they really don't feel any different.

Some Muslim husbands, even among the educated, (but of the older generation) will not give their own blood to their wife as they sincerely believe this will make them a blood brother and sister, and hence destroy their husband and wife relationship. Although not in the Koran, this is a religious belief and we respect it as such. They are very glad to know we have blood on hand for their wife, and usually readily give their own to replace that used from the bank.

Every year, this task of persuading a patient's relative to give blood is getting easier, and prospects for more blood banks is promising. Within five years, in cities, "Blood Bank" should be a common term; in the villages, however, where medical facilities are completely lacking, "blood transfusion," and "giving blood," will be frightening terms for a long, long time to come.

Midwifery School

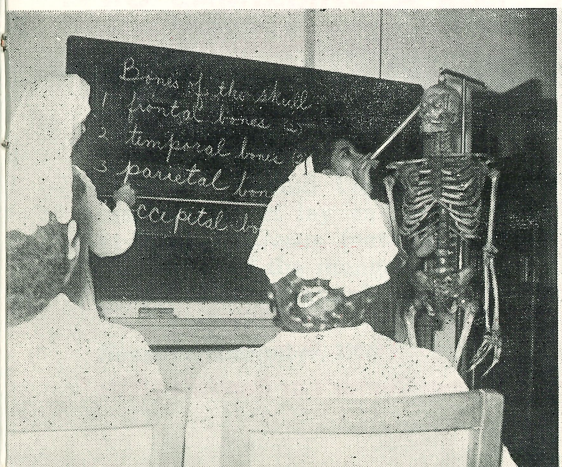
Sr. M. Roberta, B. S., R. N.

PETER, when you go to the bazaar for meat tomorrow, please get me a large bone, the kind with marrow inside, will you? I need it for anatomy class." Poor Peter, Holy Family Hospital's chief cook, patiently acquiesces. He has had requests like that before. A piece of meat was needed to demonstrate the structure of muscles; a joint, complete with ligaments and tendons, was requisitioned for another class; now, a long bone . . . and it will have to be sawed open, too, to show the marrow. His opinion of the goings-on in the hospital since the Midwifery School opened are perhaps best left unexpressed. However, he could console himself with the thought that he is not the only one to be bothered. Sr. M. Gonzaga had to find colored pictures of red and white corpuscles when the Blood and Vascular System was being dealt with; Sr. M. John yielded her kerosene stove for the pottages that were concocted in Invalid Cookery class; Sr. M. Joanna had to raid the resources of the sewing room for dark drapes the day the students had a movie for their geography lesson. All the Sisters were enlisted in projects to construct teaching aids during the evening recreation. Such urgent problems as "Where on earth can I find out the vitamin content of tropical fruits and vegetables for Saturday's nutrition lesson?" and "What can I do? Our skeleton has no hyoid bone!" have been solved by community cooperation. The Midwifery School is definitely the work of the WHOLE Hospital staff.

It is quite the common practice in India and Pakistan for the newly acquired R.N. to enroll in her hospital's school of midwifery for a fourth year, in order to become an "R.M." (registered midwife) as well. This would make for a wonderful situation for the mothers — in a land where doctors are few and almost non-existent in the villages . . . but there are very few trained nurses.

The next solution is the trained midwife who is not a nurse. With the proper education which includes plenty of supervised experience she can do a fine job in this

Sr. M. Roberta, R. N., gives anatomy class.



Sr. M. Martin, R. N., supervises Child Care class.

specialty in normal cases . . . calling on the doctor's help for difficult and abnormal situations.

The School was planned from the very beginning of Karachi's Holy Family Hospital on Garden Road in 1947; took definite shape in the blueprints for the new building on Soldier Bazaar Road in small squares marked "students rooms, lounge, and classroom"; became a signed-on-the-dotted-line contract obligation when UNICEF agreed to furnish the Hospital with equipment and teaching aids for it; an opening date after the Sind Provincial Nursing Council had examined the Hospital facilities and pronounced it an approved training institution; and a functioning reality on March 1st, 1955, when the first class was opened with a prayer.

The midwifery course is divided into two parts: the graduate nurses have a one year course with classes in Normal Obstetrics, Midwifery Procedures, Ethics and Obstetrical Complications; the others have eight months of preliminary training before starting to study midwifery proper. In this preparatory course the curriculum includes Anatomy and Physiology, Hygiene, Invalid Cookery, Care of Children, Elementary Nursing Procedures, and Religious Instruction; plus such incidentals to professional development as Geography, Spelling and Introduction to Public Health Nursing. Those latter were added to the curriculum as the need was felt and the time for them found. Probably more will come! One of the joys of starting something new is the flexibility which the lack of tradition affords.

The pioneer students are a varied group: our own Sr. M. Ruth, R.N. from Connecticut and Sr. M. Lina, R.N. from the Philippines; Sr. M. Bernadette and Sr. M. Josephine who belong to a Pakistani religious community dedicated to Christ the King. They are Goans and dress in graceful red and white saris. Nusrat Agnes, an Indian nurse, who had her training in our Rawalpindi Hospital; Theresa and Daisy, two Anglo-Indian girls, brought up in the school of the Franciscan Missionaries of Mary; Margaret, a South Indian "St. Thomas" Catholic, who rises daily at 5:00 A.M. for meditation before Mass; Mariam, a local girl; two lovely Protestant Pakistanis, Vera and Naseem; and Amir Jahan, an outstanding Muslim girl, student . . .

There are a total of twelve students in this first group. Dare we hope that the Apostolic number is a presentment of future apostolic work?

ARE YOU "UP-A-TREE" FOR A CHRISTMAS GIFT?

Send a Subscription to THE MEDICAL MISSIONARY, Philadelphia 11, Pa.

Send the MEDICAL MISSIONARY (Please Print)

To: Name _____ **Name** _____

Address _____ **Address** _____

Gift Card to read: from _____

_____

( ) 1 yr. $1.50 ( ) 3 yrs. $4.00 ( ) 5 yrs. $6.00

Foreign ( ) 1 yr. $1.75 ( ) 4 yrs. $6.00

Or why not subscribe for your Doctor's or Dentist's office?

Birthday Garland

Sr. M. Martin, R. N.

THIS little story happened on a Christmas Eve at Holy Family Hospital, Karachi, just as all the nurses and Sisters had lighted their little candles and assembled for the caroling through the hospital wards, out to the large Christmas crib in the lobby. It was visiting time for the patients, and we thought they might enjoy hearing the caroling and any who wished could join in the singing and joy of Christmas anticipation. Just as the singing was about to start, the husband of one of our Muslim patients stepped forward and handed Sister a kind of "parcel" . . . on looking at it closely it was a large plant leaf, stitched closed. Upon opening this unusual package, Sister lifted out a lovely fragrant fresh flower garland . . . a very elaborate one . . . and the following note accompanied it:

"Our sincere Greetings for a Merry Christmas and a Happy New Year. From Abdulla D. . . . and family. A humble token of garland offered Most Respectfully to St. Jesus. In Remembrance and Celebration of His Auspicious Birthday — Christmas." (Muslims accept the Virgin-Birth. They consider Jesus one of the great Prophets, but not Divine.)

Sister smiled and encircled the crib with it, and the lovely rose medallion part lay as an offering at the Child Jesus' feet down from the center of the manger crib. The people were delighted.

A year later, at Christmas-time, (having shifted our hospital to the new building) while assembling the crib in the new large lobby, we remembered the gracious gesture of the young Pakistani family, and idly wondered if they might come again, but . . . perhaps they might not even know our new address . . .

Christmas Day came, and a letter and garland arrived from the same happy family as follows:

"Dear Rev. Sisters,

This time last year my wife Gulbanoo was gifted with a son and discharged on the eve of Christmas, i.e. 24th, in the evening. I had pledged to Jesus — as just above her bed a beautiful picture of Christ depicting the Sacred Heart of Jesus was hung . . . that should my son grow up to be a healthy baby I shall always remember this day (i.e. Christmas).

"Therefore out of my reverence and respect to this mighty Saint, I take leave to forward you a garland — assuming that it is one of the best gifts most liked by Saints and Angels, irrespective of the creed — which please accept and place it at the shrine or altar of beloved Jesus. I hope it may not be too much to ask you for saying a small prayer for my baby son (Naushad) now a very strong and cheerful child — for his future health and happiness and for which I should highly be obliged to you.

"With our joint hearty greetings for a Merry Christmas, and prayers on this occasion to God and Rev. Jesus to shower His choicest of Blessings on you for the selfless service which you render towards the cause of humanity, I remain,

Yours very sincerely,
Abdulla D. . . ."

FLOODS
in Pakistan

Sr. M. Kateri, R. N.

WATER, water everywhere and not a drop to drink!" Truer words were never spoken to describe the countryside as I gazed down upon it from my lofty perch on a camel's back! On either side of me were large tanks full of fresh drinking water, to be taken into the stranded villages of the Thal Desert where the worst flood in 80 years had left thousands homeless. As I sat on "Capri's" back, and waited for the Punjabi man to lead him through the water, I thought back over the past few days. Was it only last Monday night Sr. M. Dolores had told Sr. M. Bernadette and me, we were to leave the next day with water and medicine for the victims of the flood?

Tuesday afternoon Bishop Hettinga sent his car and driver for us, and we set off on the five hour trip. We only covered 163 miles in those five hours, but even then we had made good time as we wound in and out along plains and crossed over mountains all on a one-lane road. We arrived at the high school buildings in Kushab, the main city near the flooded area, about seven that evening, to be loudly greeted by the 800 to 1,000 Catholics who were being temporarily housed in the buildings. They only had the clothes on their backs, but were so cheerful, accepting everything as having come from the hand of God. And to think the name of this city means "Happy River," named for the Jhelum River which is only a few miles from the town. After making sure there were no patients in that camp too seriously ill that night, we went on to Jahorabad, about three miles beyond Kushab, which is the Central Location of the Thal Development Authority, or T.D.A. as it is called. Here we met Mr. and Mrs. Hamid, she, as the Secretary of the Red Cross for the area, was in charge of the relief program; and he, as the personnel officer with T.D.A. was working along beside her.

It was from Mr. Hamid the next afternoon I was able to learn a little of T.D.A. It seems this entire area had been desert for many years, with the people only raising a few goats on the scrub brush of the desert. Since partition of India in 1947, some of the Government officials had taken the refugee property, or land left by the Hindus and Sikhs and re-allotted it to the Moslem people who had come up to Pakistan from India. Each family, under the plan, was allotted 15 acres of land, but the government didn't stop there. They built a huge dam on the Jhelum River, from which radiated a series of canals thus converting the desert sands into fertile wheat fields. The different groups of people, who were given the land, were brought together in small villages, or "Chaks." These Chaks were numbered Chak 6, Chak 8, etc. Our Bishop had been fortun-

ate in securing a few of the Chaks in which to establish his Catholics, and it was one of these Catholic Chaks, Josephabad, that was the most severely damaged.

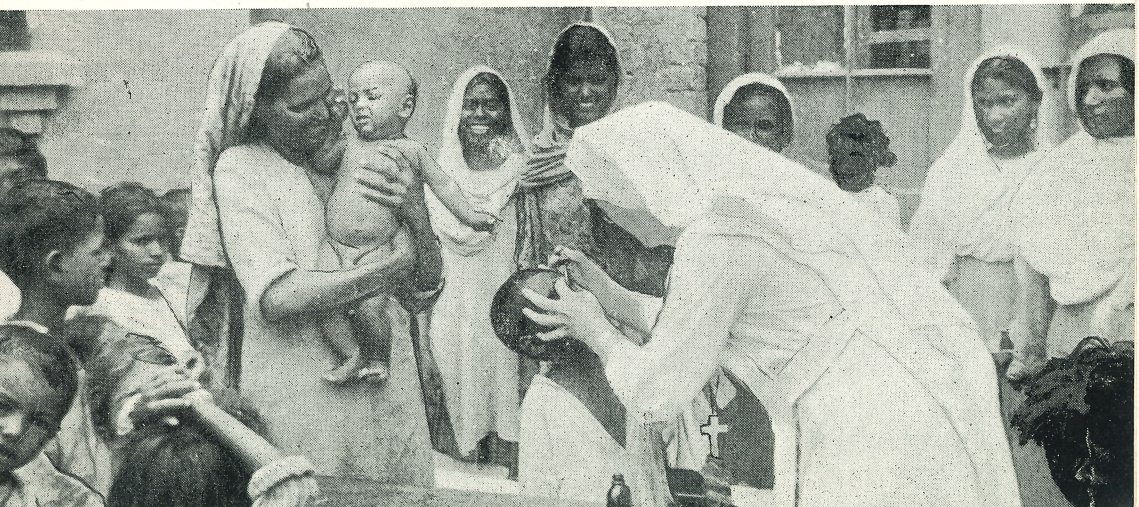
When we first arrived at the scene of the floods I thought the Jhelum River had overflown, or maybe the canals, but on further questioning we discovered this tremendous amount of water had come down from the nearby mountains in a flash flood. The mountains, very high, had no vegetation on them at all. At five o'clock in the morning of July 20th this huge body of water moved down from the mountains completely covering an area ten miles wide and, in some parts out as far as 50 miles in length. There were 12,000 people evacuated into the town of Kushab, in six different camps, such as the school buildings, but there were an estimated 38,000 out in the villages, not yet reached.

Each morning of our stay we visited the camps, to give medical aid. We found three very ill patients in the high school at Kushab and sent them back to Holy Family Hospital in Rawalpindi for hospitalization. Then there were cases of malaria, dysentery, etc. for which we had medicine, and the usual eye sores, etc. We found one 'small one' who had arrived in the world two days before we arrived at the camp. Her mother had asked Father von Goozen to baptize the child. We had the ceremony out in the school yard with all the relatives gathered around, and our two-day-old mite became Louisa, a child of God.

Besides dispensing medicines and holding post-natal clinics, we were busy giving typhoid injections, but injections against cholera had already been given by the local medical aid. On Thursday morning we tried to reach the Chaks, thinking we would be able to walk in, as it was now nine days since the flood. We drove out to within two miles of the village, walked along the canal banks for another mile, but found we could not cover the last mile as the water was still two to three feet deep covering fields that had only nine days ago held the entire year's wheat crop for a village of 1,000 people. It was really heartbreaking to see! We Sisters turned back, but the two Mill Hill Fathers went on into the water and walked the last mile. All the homes of our 1,000 Catholics were completely destroyed. And to add to that, the priests found the water in the village had only gone down four inches in the past week. How long it will be before they can

(Continued Inside Back Cover)

Sr. M. Kateri, R. N. (Watsonville, Cal.) gives medical aid to the flood victims, Josephabad, Pakistan.



CHITS

RAWALPINDI NEW DELHI KARACHI PATNA

RAWALPINDI

When we left the hospital about a week ago we had a rather international census — the daughter of the French ambassador to Afghanistan in one room, the wife of the Chief Secretary of Swat State in another, the three-year-old child of a British Colonel in another, a Dutch Mill Hill Father in another, an Irish Presentation Sister in another, plus, of course, our Pakistanis. One has to be quite a polyglot to get along these days!

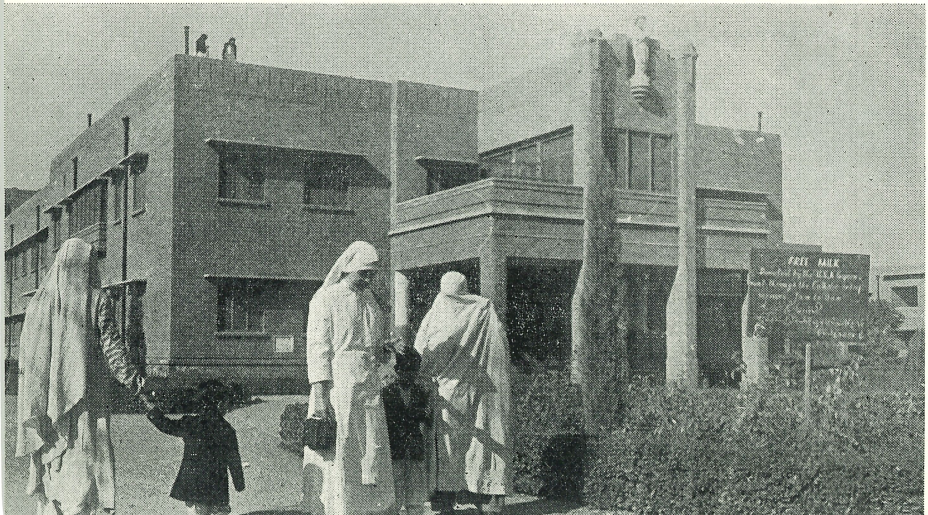
Yesterday was "Id", the one that marks the end of the Ramzan and, quite naturally, there was a good bit of festivity. This is the day everyone comes out with new clothes and some of the little girls up at the Jesus and Mary Convent were a sight to behold in their crimsons, greens and blues. At the hospital, the fast was kept very strictly by the nurses, two doctors and kitchen men. One certainly has to admire them, to a degree at least. This year they were fortunate in that it was not too hot.

Sr. M. Pierre, R.R.L.

DARJEELING

We've had the good fortune of hearing lectures by the men who recently "conquered" Kinchinjunga. The hardships the men endured, contrasting with their calm determination and team spirit, certainly give one much to think about. One of the most interesting features of the lecture, for me, was the short talk by a Father Moran, S.J. afterwards. He pointed out to the boys the fact that the Sikhimese government had asked the expedition *not* to set foot on the very summit because their people believed the gods inhabited it. So the men stopped ten feet from the top, sacrificing some excellent photographic potentialities. Father pointed out how admirable it was (especially in this day and age) for the men to keep a promise — how this actually surpassed the conquest of Kinchinjunga itself. Since the mountain is emblazoned on the boys' jackets, Father said he hoped that it would remind them to always keep their word.

Sr. M. Angela, R.P.T.



Sr. M. Pierre (Fond-lu-lac, Wis.) helps a purdah woman and child, leaving Holy Family Hospital, Pakistan.

Sr. M. Charles, R. N. (Dubuque, Iowa) attends a sick baby, Holy Family Hospital, New Delhi, India.

DELHI

We had a very busy day, the day I left for Mussoorie. One of the women laborers working on the hospital was due to have a baby. They work right up to the very last minute because they get paid by the day. They use the money for food that day. Her husband wasn't working as he said he wasn't feeling well. Someone had loaned them a charpoi (string bed) so that she would have a place to lie down. Their little hut is about five feet by seven and inside there was a little hole dug for a fireplace, two kerosene tins for food stores which were empty, an earthen jug for their drinking water and a pile of wood shavings which they had picked up from the carpenter which no doubt they were using to sleep on right on the floor. They had come to Delhi from Jaipur just 15 days before and they didn't know anyone. She was feeling very much alone.

The rest of the family were sitting on the floor and we encouraged them to eat their dinner but they kept saying they would wait till the baby was born. Finally we found out that they had absolutely nothing to eat but some dry bread. No one would lend them any money so we brought them some milk and gave them some money to buy some vegetables and grain. The lady kept saying she didn't want anything but we encouraged her to take something. It is against their principles to eat anything during those last days and they get so weak. When we brought the milk she drank three glasses without stopping. All the time I was waiting, they would ask me all sorts of questions, where was my village? Did I have a mother or father, etc.? They were amazed when I took a fan and tried to cool off the mother as they don't expect us to do things for others like that. The fans come in handy to keep the flies away too. They had only two pots in the place for cooking. One we used for washing hands and the other the man used to boil water for us. He was all ready to start a fire right in that tiny hut but I asked him to please make a fire outside. Smoke on top of everything else would have been too much. Still no progress with this lady by 5 P.M. and we were supposed to go to the lecture at the Catholic Nurses Guild. Finally Sr. M. Clare and I had to leave and Sr. M. Francis Xavier took over. There was a *dhai* (Indian midwife) in the next hut who would help if she were needed. It was at 4:30 the next morning the Sisters were called and a tiny baby girl was born — the first we welcomed to New Delhi! It is wonderful to be able to help the poor.

Sr. M. Charles, R.N.

KARACHI - PATIENTS

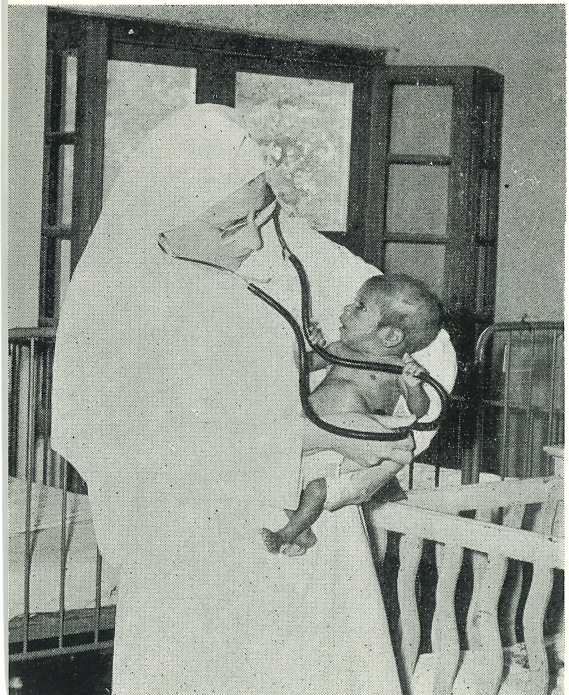
Holy Family Hospital, Karachi, has just had its first anniversary in its new building. It is only partially built but, nevertheless we have had many patients during this year. Among these patients a boy of 15 was wheeled in. He had received a cut in his big toe some days before and though he had been to a doctor no anti-tetanic treatment had been given.

On arrival at the hospital he showed the typical picture of tetanus infection: the sardonic smile, the stiff limbs, the curved spine and the spasmodic attacks on the slightest stimultaion. Sedation, tube feeding, anti-tetanic and antibiotic treatment were given and the local wound widely opened and drained. At first the symptoms seemed to be getting worse but after a few days the boy was able to open his mouth a little and after another few days the tube feedings were discontinued and the boy was spoon-fed. And so little by little the infection and its terrible complications were overcome. Each improvement was received with great joy both by the hospital personnel and by the relatives and friends. He was very fortunate because he was able to purchase the anti-tetanus serum, which is very expensive in this country, and also he was completely cured.

Helen was another patient, 18 years old, newly married. She was from the Punjab, and was living in one of the poorest quarters of Karachi. The girl was very ill and looked as if she could not live another day. She was emaciated, dehydrated with sunken distressed big eyes looking at the Sisters pleadingly. She could not retain any food and she had running diarhoea. There was no point in trying to feed her by mouth. Instead she was given glucose-saline I.V. and in the meantime the laboratory was set at work. Her hemoglobin was 6% and the red blood cells count was 400,000!

The relatives were approached and after much coaxing a blood donor came forward. Small amounts of blood, about 50 cc. diluted with equal quantities of glucose-saline were very slowly infused intravenously. More donors had to be found and more blood had to be given, and this is a major problem in Pakistan! Crackers and oranges, iron, vitamins and extra proteins were slowly added, and she steadily improved. The hemoglobin now registered 20% with 1,000,000 red blood cell count. She soon wanted to get away but we managed to persuade her to stay until her hemoglobin registered 60% and the red blood cells 3,500,000. We allowed her to go home only with the understanding that she would return for further treatment.

Sister M. Grace, M.D.



Sr. M. Grace, M. D. (Malta) with one of her young patients.

ST. LOUIS HOUSE OPENS

The great day of the First Holy Mass in the St. Louis House of Studies has come and gone. The Feast of Our Lady's Nativity, 1955, on which it occurred will never be forgotten by those of us who were present for it. We know that by this time Sr. M. Kevin has told you about it, but we might add a bit. For Sr. M. Kevin and the pioneer St. Louisans it was a wonderful and very moving culmination of a great deal of hard work and preparation.

On September 8th, His Excellency, Bishop Charles Helmsing and our guests arrived shortly after Rev. Father Figl had come to see that all was in order for the day's ceremonies. Father acted as Bishop Helmsings' assistant. His Excellency adapted himself very cheerfully to our rather unusual sacristy arrangements, and the arrangements made for our Sisters and the congregation, which were done very simply by opening the sliding double doors between the chapel and parlor. The back, or reredo of the altar is ordinarily formed by these doors, and the lovely crucifix swings free in front of them. So the congregation knelt in front of the altar and in back too, and it was very much a Mass of the people, and all of us felt very close to the Holy Sacrifice which His Excellency celebrated so beautifully.

Before starting the Mass, His Excellency blessed the house, using the English translation of the Ritual, then erected the Stations of the Cross and as a preparation for the Mass, made the Stations, giving a little extemporaneous meditation at each one, very simply and devotionally. We remembered all of our Sisters in Religion and the many intentions of the Society most specially at that great moment when Our Lord first came down upon our altar, you may be sure. After Mass, His Excellency gave a short talk . . . Of course, being completely surrounded by people, he had a little difficulty deciding which way to turn. But he said some very nice things, asked our guests to exercise their fine mission spirit by helping us all they could, and left us some beautiful meditations on the missionary virtues he saw in the Feast of the Day and its Octave Day — namely patience, fortitude, magnanimity and magnificence.

Sr. M. Sarah, S.C.M.M.

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

AGUINALDOS *in* Maracaibo

THERE is one custom down here of great interest to me and I'm sure you will enjoy hearing about it. Beginning on the 16th to the 24th of December this period is known as "The Aguinaldos." Every day during the Masses the "Aguinaldo hymns" are sung. Everyone tries to go to at least one of these nine morning Masses. The maracas (gourd-like rattles with seeds inside) shush-shush merrily and the shrill young voices begin:

"In a manger full of cobwebs, between the mule and the ox, was born the Redeemer of souls."

The last verse sung, Mass begins.

In Spain, Christmas songs are "villancicos" but in Venezuela the word "Aguinaldo" means a Christmas carol, as well as a New Year gift. As all aguinaldos were originally designed to be sung at the Nacimiento (crib) or Pesebre (manger) as homage to the Infant God, perhaps the transition or interpretation of the word from a gift to a song is not so far-fetched. The song itself is a gift to the Babe Himself. Or in some cases, a song to His Mother.

In some of these gift-songs He is described in poetic words:

"This Baby so graceful gives to the world peace and joy. His benevolent look is more beautiful than the dawn."

In others He is a very human baby who is sung to sleep with a cradle song.

Most of the other songs describe the Star and the Shepherd's arrival, the Magi and other events and mysteries of Christ's Birth. Maracas accompany the voices (heard only in the Churches for these songs).

But there is a second type of aguinaldo which is either only half religious or definitely more folk-song. The young folks sing these as they go from house to house serenading. However, there is always the faint connection, in people going from house to house asking to be let in and given refreshment, with the traditional seeking of Joseph and Mary for a place to rest, being turned away from the crowded Inn finally taking refuge in the Stable. S.M.M.

Philadelphia — Novices join in with Christmas carols and joyful singing to proclaim the Birth of Christ, throughout the world.

Latin American Needs

The Catholic Church shares the responsibility of helping the people to help themselves and to make better use of God's material gifts to mankind.

The choice is plain. The time is short. Any local Catholic group that clings to the dubious advantages it may now possess and tries to hold back social and economic changes stands self-condemned. What is Christian ought to be conserved. What is a perversion of Christianity, such as a propertyless proletariat, sub-human housing and diet, miserable working conditions and wages, ought to be fought with as much vigor and zeal as immorality, drunkenness or heresy.

To bring about real reform in Latin America, priests, brothers and sisters are needed by the thousands. At present they must come from the outside. I suggest that 5,000 should come each year for the next ten years. Only a small percentage of these should be used in conducting formal educational institutions. The need is for parish priests, for community leaders, for catechists who will tramp along the jungle paths to make house-to-house visits, for an inspired group who will see local needs and try to meet them.

There have been and still are too many priests, brothers and sisters taking care of the "better class" — developing a so-called "elite" that has never produced the hoped-for results. It is far wiser and far more Christian to go to the poor and try to lift them up. From them will come Latin America's rulers of tomorrow.

Taken from "Religion and Poverty in Latin America" by Luigi G. Ligutti in the June 25, 1955 issue of AMERICA.

PATNA, INDIA

Sr. M. Bertrand who bears the title "sister tutor" of our Patna Holy Family Hospital School of Nursing is confronted with the same conditions which existed in the Tower of Babel. She is most conscious of this condition every time a new nursing class comes in, which happens to be twice a year —so the confusion of tongues is rather perpetual. When Hindi and English, Malayalam and Dutch, Tamil and French and German, Bengali and Urdu and Italian, Nepali and Santali and a dozen other languages and dialects get together there is no telling what will happen.

It turns out something like this: Sister tutor very solicitous about a student who has a pain.

Sister: "Now take these two - - Go to the hut, the dormitory, the place where the beds are — over there, there (all this accompanied with energetic gesticulations) — and get some water and take these two pills." She repeats the same thing in her best Hindi. Then to make certain the order will be properly carried out, two more new students are waylaid and given the same instructions, and she listens while they repeat the formula back to her. The three go off together in the right direction carrying the pills.

Next day a much revived looking young lady approaches Sister: "When may I go back to the 'Palace'? (the Palace being the new students' dormitory house).

Sister: (amazed) "When did you leave there?"

Probie: "Yesterday you told me to take my pillow and lay down on one of the beds in the hut!"

Then there was the young lady just out from Europe who looked up at Sister very earnestly and innocently told of her great desire to improve her English — "but not with an American accent." Sister did not think it wise to disillusion so earnest a student by telling her that she was listening to as American accent as existed and would for the next few years.

As a special privilege she is permitted to study in Sister tutor's little nursing office every evening until 9:00 p.m. A passer-by can hear her tell the hundreds of mosquitoes buzzing around what she thinks of them in a mixture of Italian, English and Hindi. Last night the Sister next door hearing her scream rushed in. Our miss was wild-eyed in the middle of the room, hair literally on end. "A big black thing came from under her chair and rushed right up at her" — the scream. Sister sighed, "Only a bat!" What would be the effect on her desire to study compounding? However, Sr. M. Jane Frances who is teaching her pharmacology allayed our fears by giving her student's latest comment on Patna Holy Family Hospital; "Sister, you know I like this place."

Sr. M. Adelaide

ATTENTION: LIBRARIANS

Twenty-five years' cumulative index to the MEDICAL MISSIONARY MAGAZINE, now available.

(1927-1951 inclusive)

Leather bound $2.00

Paper $1.00

Crowds gather at St. Thomas Hospital, Changanacherry, South India, for the blessing.

St. Thomas Hospital Opens Its Doors

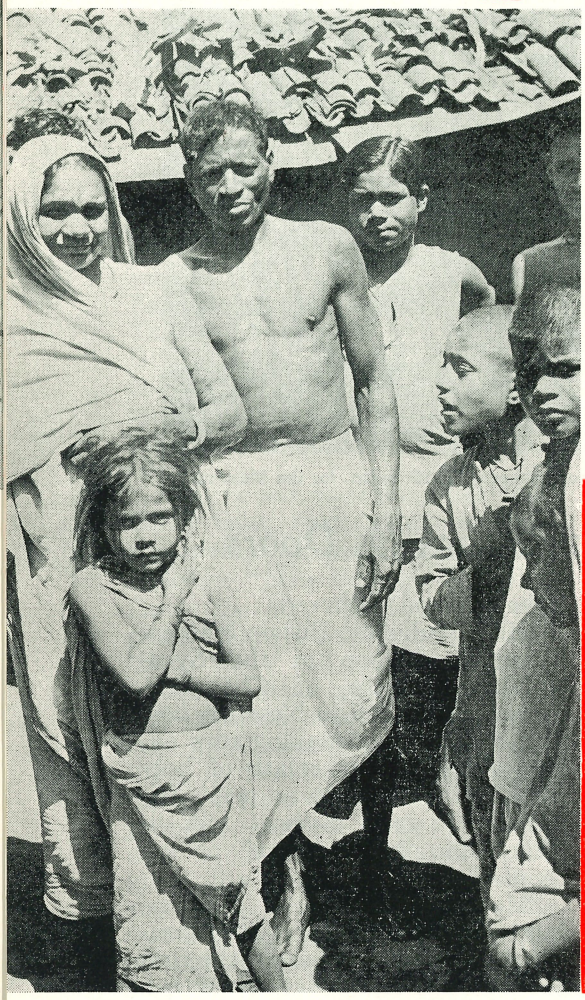
"The opening of the hospital here in Changanacherry, South India, was a big event," writes Sr. M. Anastasia, R.N. (Jordan, N. Y.) who is the Sister Administrator of the Hospital.

"Sisters M. T. Agnes, R.N. and M. T. De Sales came from Kottayam on September 8th to start the preparations for the opening. On the 26th, I arrived from Mandar by lorry (an unheard of thing in South India for a Sister to ride on a truck.) It was piled with boxes, mattresses, pails, baskets, etc. On the 28th, Sr. M. Damian, R.N. and Sr. M. T. Bernadette came over from Bharananganam to help. Sr. M. Damian has lost none of her Dutch ability to scrub and I doubt whether we would have been ready for the opening without her. Unpacking boxes, making beds, arranging cupboards kept us busy until Saturday night. Sunday morning, the 2nd of October, was the blessing — and before the Bishop arrived hundreds of people had gathered.

"His Excellency, Bishop Mathew Kavukatt, Bishop of the Syro-Malabar Diocese of Changanacherry, proceeded to bless the hospital and convent making sure every corner got its splash of holy water. When that was over, His Excellency gave a short talk in Malayalam, the language of the people here.

"Monday the 3rd of October, was the first Mass and the opening. Ninety patients came the first day to the Outpatient department. In a few days when we get electricity and a pump for our water we will be able to take in-patients. The hospital is beginning with 20 beds but will be enlarged to two or three hundred in a few years. It is the first Catholic Hospital in the Diocese. There also will be a nurses' training school attached in the near future. The hospital stands on a small hill in a beautiful location surrounded by palm trees and rice paddy fields."

MEDICAL



Two-thirds of all the people in the world have sickness as their burden. Death claims them by the age of 30.

An Indian family stricken with Leprosy. Medicine can cure them.

Poverty Makes Men Sick

It's a vicious circle: Sickness enfeebles these people condemning them to poverty. Poverty in turn perpetuates their weakness. Without food people cannot survive; without health they cannot win the food necessary for health and without help from their neighbors they cannot even hope to improve either. Without a certain amount of material welfare they cannot achieve their human rights or their human dignity.

MISSION WORLD

A sick refugee family encamps on the grounds of Holy Family Hospital, Rawalpindi, Pakistan.

Sickness Makes Men Poor

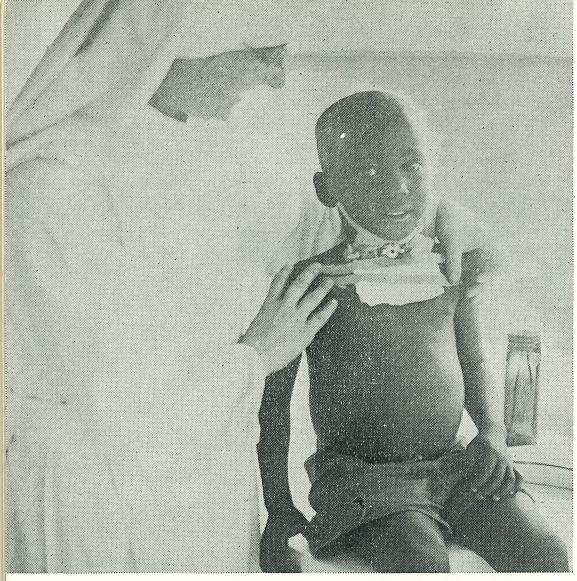
AND THE WORD WAS MADE FLESH

AND THE Word was made FLESH . . . and dwelt amongst us." This is the pivotal teaching of Christianity. We are a Religion of *Incarnation.* A Religion for whom the body of man is of the utmost importance because the Son of God took upon Himself the flesh and blood of humanity "not disdaining the Virgin's womb."

Ever since that first Incarnation at Christmas, Christianity has honored, esteemed, and cared for the body of man, redeemed by Christ, and promised by Him to share in the eternal destinies of His Glory.

Thus, the Christian's zeal in caring for the sick and disabled bodies of ALL MEN directly flows from his belief in this doctrine of the Incarnation (that mortal man is the heir of a glorified immortality.)

This South American woman has malaria.



Sr. M. De Montfort, R. N. and Kwame, the Miracle.

NEW MIRACLE

Sr. M. Raphael, Pharm.

WE ARE well acquainted with the District and know that several main roads meet at Berekum, as at an axle wheel . . . world maps don't know such districts as Wam and Drobo and Seikwa, but their dirt roads daily lead many sick persons to Holy Family Hospital.

Often the patient has been carried 20 or 30 miles by footpath before reaching the lorry road which leads to us. Three days ago it was a young man from Sampa district. He was injured by a falling tree three days previous but there had been much delay in getting him into the hospital: the family had to be gathered and consulted, then his uncle walked 15 miles to the next village to bring back a lorry for the trip, after that the long and tortuous drive over corrugated dirt roads until they reached the hospital. Looking out the pharmacy window I saw the patient get out of the lorry unaided and walk up to the dispensary veranda. But one look at him was enough to know that he was seriously injured. A cloth tied tightly around his chest indicated that he had severe pain. In a few minutes he was admitted to the hospital and examined by the doctor. Diagnosis: three broken ribs and perforated lung. The prognosis was not encouraging, but he is holding his own, and we hope and pray he will recover.

At times Holy Family Hospital seems like a casualty hospital. At present we have, besides the general run of medical and surgical cases, two children both of whom were severely burned. Tiny Asitu Kramo, a four-year-old, tipped a pot of boiling water over herself. In the compounds the round-bottomed pots are balanced on three stones, over open fires, and it is easy to understand how they could be tipped over, especially by an inquisitive child. The other burn case, an older girl, turned a pot of boiling soup over her feet.

But of all the casualties of the month in the pediatric ward, six-year-old Kwame Gyabaa was the star boarder. When he was admitted from the out-patient department in the morning, the accompanying chart read: "History of difficult breathing. No distress now, but observe closely. May

need tracheotomy." And by midnight he did need one, to supply an airway to his lungs, as his trachea was closed by edema and pressure from a large deep abscess in the throat. Even after incision and drainage of the abscess, he still needed the artificial airway which by that time had become a source of wonder and amazement. The Ashantes have become familiar with surgery, plaster casts and even skin grafts, but this was a new *miracle.*

Recovery was slow, but the little fellow was most cooperative and brave, even without the chocolate flavored calcium wafers which Sister temptingly passes out to help fortify the youngsters against their daily injections. Although Kwame could not speak, his wide eyes followed every activity of the ward, especially every move of Sr. M. de Montfort!

Finally came the day for the removal of the tube. Kwame sat on the dressing table looking up at Doctor and Sister.

"You can speak now, Kwame. How does it feel?"

His face broke into a beautiful smile and his first word was the one he had spoken so often with his eyes when he needed anything: "Sister."

As the contented family gathered their things together for the return home the granny commented:

"That day we first brought him to the doctor he *died* in the lorry. We were going to turn back, but then he gasped a bit, and we decided to hurry on to the hospital. And now look at him!"

And except for a tiny healing scar at his neck he looks just like his other little playmates in Koraso. He is back there now, rolling hoops and climbing coconut palms with the others, just two weeks after he *died.*

November-December, 1955

Yaa Asantewa, ecstatically chewing a big door key is our latest. Her claim to fame was a major abdominal operation for an intussusception. Many of these children do not stand major surgery because they are anaemic and malnourished. But little Yaa had all the proportions of a butterball and took the surgery and ether anaesthesia as if they were an everyday occurrence. When Sr. M. Camillus carried her back from the O.R. in her arms, still sleeping, the anxious parents thought she was dead and were grief stricken. But Sister explained she was only sleeping and would be all right. They could hardly believe it . . . all that previous night in the village she had cried and writhed in pain with the intestinal obstruction; they were sure she would die. She came out of the anaesthesia as if from a nap. And spent her post-op period captivating all in the ward with her happy smile.

Yaa Asantewa and her happy mother, Berekum, Africa.

A little goes a Long Way

Berekum, Gold Coast Africa

We can't buy intravenous solutions. They are too expensive and not available. What can we do for patients who are so dehydrated with fevers? With a fritted glass filter we can make our own solutions $13.00

Techiman, Gold Coast Africa

Somebody gave us a second-hand Operating table. We could supply the accessories needed and recondition it for only $35.00

Bharananganam, India

When the patient needs blood — we need a centrifuge to cross match it —$14.25

Mandar, India

The people are so poor they climb trees for food — papayas and even some flower blossoms for curry. That's why Mandar is noted for its fracture cases. The doctor needs 1 Kirschner hand drill $15.00
240 feet of drainage tubing $15.00

Mymensingh, Pakistan

Little babies make big hospital problems in the missions where the infant mortality is very high . . .
1 gross baby nipples $10.00
1 dozen nipple shields $2.50

New Delhi, India

The Sisters here are making every effort to get the hospital ready to open SOON . . .
An X-ray machine $10,000.00
Any donation welcome.

Patna, India

"Cutting and sewing" is the term used for surgery by the patients. But "sewing" needs needles . . . 5 dozen surgical needles
No. 8 ..... $10.00
5 dozen No. 16 ..... $10.00

Thuruthipuram, India

Our little field sterilizer holds so little, not enough for a major operation and now it seems to be giving out altogether. We think we could get one made here locally for ..... $1,000.
Please help us get it soon.

Rawalpindi, Pakistan

The ride to the Operating room would be easier on our patients if we had 4 new 10" wheels for the trolley ea... $5.00
2 regulators for the oxygen tanks ..$30.00

Karachi, Pakistan

Holy Family Hospital in Karachi specializes in baby care—200 feet of Polyethelene Tubing for premature babies $15.00

Dacca, Pakistan

Now we can tell you the opening date of the Dacca Hospital. January 15th. The first section of it. Many things still needed. What can you give?

UNITED STATES

NOTE TO DOCTORS AND HOSPITALS: Let us know if you have any drugs, used equipment or instruments that can be sent to our missions.

MEDICAL MISSION SISTERS, Philadelphia 11, Pa.

Dear Sisters:

Here is $_____ for your mission hospitals.

( ) PATNA
( ) BHARANANGANAM
( ) TECHIMAN
( ) THURUTHIPURAM
( ) MYMENSINGH
( ) RAWALPINDI
( ) MANDAR
( ) BEREKUM
( ) DELHI
( ) DACCA
( ) KARACHI

Name _____

Address _____

City _____ State _____ Zone _____

PAKISTAN FLOODS (continued)

move their people back to start a new life, they do not know.

On Friday we finally received word there was a possibility of reaching some of the isolated villages. We were given a Jeep (made by Willys from Ohio) and I had a chance to drive part of the way.

All along our way were scenes of destruction. The railroad track, which was on our right hand side, had three railroad cars, turned on their sides in the mud. Shortly after we came upon a large passenger bus which had gone off the pavement and sunk in the mud up to the hood. Hundreds of snakes were hanging on bushes, doors, etc. They had been swept down from their mountain nests by the floods. All that was left of the small farm houses were a few mud walls.

Finally we came within site of Hydahli, one of the larger isolated towns. It had a population of 18,000 people, 900 of whom had lost their homes. This is where "Capri" entered the picture. We needed him, to go from the jeep across the field of water to the village. To say we received a warm welcome would be the understatement of the year, as we were the first people to reach Hydahli in the ten days since the flood. When we brought out our hypodermic syringe, they just automatically lined up. These people had been disinfecting the flood waters with potassium permanganate, in order to have something to drink, so they were dreading the outbreak of typhoid or cholera. Here we worked until seven o'clock in the evening, only sorry we weren't 50 people instead of five, to help each and everyone of the 18,000. Mrs. Hamid, who had accompanied us, promised that she and Doctor Salim, with other help, would return to the villages the next day to continue our work. We had, sorry to say, to return to Rawalpindi.

Sister M. Kateri, R.N.

The Medical Mission Sisters extend to all their friends and benefactors heartfelt wishes for a HOLY and JOYFUL CHRISTMAS and assure them of a remembrance at Midnight Mass, which according to custom, is offered for their benefactors.

A. Trindade, Bombay

CHRIST IS BORN, COME LET US ADORE HIM

In the missions, it is much like the poverty of Bethlehem and a place must be found for Christ in our mission hospitals.

This Christmas we are hoping to provide a place for the Holy Child — by completing the chapel of our Holy Family Hospital in New Delhi, India. We need everything in the way of furnishings from candlesticks to pews. The chapel will cost $5,000. Divided into shares, there are: 750 shares at $1.00 each, 500 at $5.00 each, 50 at $10.00 each, and 50 at $25.00 each.

The more SHARES you take the more you will SHARE in sheltering Christ in this Hospital Chapel located in the heart of India's teeming millions.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

I enclose $_____ for _____ shares to help furnish the Holy Family Hospital Chapel in New Delhi, India.

My Name _____

My Address _____

City _____ Zone _____ State _____